|                     | 1155<br>LRTM | OUI      | ζ <br> Σ  -      | DIN<br>DIN   | ISION OF HEALTH — STANDARD CERTIFICATE OF DEATH  IC HEALTH AND WELFARE 318  Registration District No. 1003  Registrat's No. 12742  | U995  |
|---------------------|--------------|----------|------------------|--|--|---|
| DO NOT WRITE        |              | AMENI    | ED ,             | .  | Registration District No   | STATE FILE NUMBER   |
| VS 300              |              | <br>     | <b>ل</b> هـ<br>ا | A  | -1   P 11 3   1   P 10   | ased lived. If institution: Residence before UNTY admission)            |
| Rev. 4/59           | AMENDED      |          |                  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c. CITY  | Inside Limits   |
|                     | Ke Ke        |          |                  |  | TOWN St. Louis Life TOWN St. Loui  |   |
| 1                   | ₹            | i I      | '                |  |  | outside, give location) Reside on Farm                                  |
| 2 20                | 掘            |          |                  | ı  | institution Enroute to City Hosp. Yes 12 No   ADDRESS 2662 S.  | 59th Yes□No X   |
| 3                   | 2            |          |                  |  | 3. NAME OF DECEASED First Middle Last 4. DATE (Type or print) JOHN C. FOLEY DEATH  | Month Day Year 12 21 63   |
| 5 /                 |              |          |                  |  | Male White Widowed Divorced 9/21/14 49   | irthday) IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.       |
| 6                   | SW.          |          |                  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RR Express  St. Louis, Mo.  | U.S.A.  |
| 7 /)                | 50110        | 1        |                  |  |  | Me of Husband or Wife<br>Dolores  |
| 9                   | S AS         |          |                  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes No or unknown) (If yes, give war or dates of servi Dolores Foley,  | Address<br>2662 S. 59th   |
| 10                  | D AR         |          |                  | WENT   | 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (e).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CAUSEM MANAGEMENT AS POLICIES.  | INTERVAL BETWEEN ONSET AND DEATH  |
| 11 000              | RECORD A     |          | )<br>OC          | Conditions, if any, DUE TO WATER DECLESION, Sublesed | by parking lat   |   |
| 12 <b>41_</b> 3     | I THIS REC   |          | _                |  | which gave rise to above cause (a), stating the under-lying cause last.  DUE TOO DO Clark while peated in his C  | aran Dec 21, 1963.  |
| 91                  | NO STI       |          |                  |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  | PART III. If deceased was female was there a pregnancy in last 90 days. |
|                     | AMENDMENTS   |          |                  |  | 19. WAS AUTOPSY 208. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of YES D NO  | injury in PART I or PART II of item 18.)                                |
| RIBBON              | AME          |          |                  |  | 20c. TIME OF Hour Month, Day, Year INJURY 2 a.m. 12-21-63  |   |
| -                   |              |          |                  |  | 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE WHILE WORK NOT WHILE WOR | COUNTY STATE  |
| BLAC<br>OR<br>RITER | ) REAL       |          |                  |  | 21. I arrended the deceased from   |   |
| USE BLACOR          | SHOULD READ  |          |                  | IT OF  | 222. SIGNATURE  (Degree or title) De polity 224. ADDRESS  (Degree or title) De polity 1300 Clark (   | EVENUE 12463  |
|                     | Š.           | $\vdash$ | -                | AFFIDAVIT  | / Removal (Specify) 12/26/63 Mt. Hope Cemetery St. Lo  | City, town, or county) (State) uis Co., Mo.                             |
|                     | ITEM I       |          |                  | ₽Σ AF  | 22. PANERAL DIRECTOR ADDRESS  MCLAUGHLIN'S, 2301 Lafayette  25. DATE RECD. BY LOCAL REG.  26. REGIS  | and fruith M.D.   |

(Licensed Embalmer's Statement on Reverse Side)

| or by       | · · · · · · · · · · · · · · · · · · · | , Student Embalmer No |
|-------------|---------------------------------------|-----------------------|
| ,           | •                                     | •                     |
| working und | ler my personal supervision.          |                       |
|             |                                       | Signed TI Faris       |
| Student     |                                       |                       |
|             | Signature of Student Embalmer         |                       |
|             | •                                     | 3314                  |
|             | 200 100 100                           | Licensed Embalmer No  |
|             | 1 - 2019 - 1 - 2021 - 2015.           | Tours                 |
|             |                                       | P. O. Address         |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

"If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.